

JUN 14 2004 NO. 492 P. 11

OFFICIAL

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hua Ji  
 Assignee: Mosel Vitelic, Inc.  
 Title: HDP CVD Process For Void-Free Gap Fill Of A High Aspect Ratio Trench  
 Serial No.: 10/080,468 Filing Date: February 22, 2002  
 Examiner: Anh D. Mai Group Art Unit: 2814  
 Docket No.: M-12589 US Confirmation No.: 8384

Irvine, California  
June 14, 2004Via Facsimile to (703) 872-9306

Mail Stop RCE  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**PETITION FOR EXTENSION OF TIME**

Dear Sir:

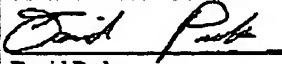
Applicant respectfully petitions for an additional 1-month extension of time (for total extension of 2 months) within which to respond to the Final Office Action mailed January 12, 2004, such extension allowing the undersigned until June 14, 2004 to respond.

Since a 1-month extension fee of \$110 was paid with the response filed May 12, 2004, a balance of \$310 is now due for the 2 month extension of time fee totaling \$420.

Please charge the remainder of the fee for 2 months extension of \$310 to the undersigned's Deposit Account No. 50-2257. Please charge any additional fees or credit overpayment to the above-deposit account. If there are any questions, please call the undersigned at (949) 752-7040.

## Certification of Facsimile Transmission

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

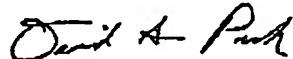


David Park

June 14, 2004

Date of Signature

Respectfully submitted,



David S. Park  
 Attorney for Applicants  
 Reg. No. 52,094

JUN. 14. 2004 3:51PM MACPHERSON KWOK CHEN

NO. 492 P. 3

RECEIVED  
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUN 14 2004

Applicant(s): Hua Ji

Assignee: Mosel Vitelic, Inc.

Title: HDP CVD Process For Void-Free Gap Fill Of A High Aspect Ratio Trench

Serial No.: 10/080,468 Filing Date: February 22, 2002

Examiner: Anh D. Mai Group Art Unit: 2814

Docket No.: M-12589 US

OFFICIAL

Irvine, California  
June 14, 2004

Via Facsimile to (703) 872-9306

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION SUBMISSION

Dear Sir:

In response to the Final Office Action dated January 12, 2004, and Advisory Action dated May 28, 2004, Applicant requests continued examination and submits the following amendments and remarks. A two-month extension of time, extending the period for response to June 14, 2004, is requested in an accompanying petition.

06/23/2004 TOKON1 0000005 502257 10080468  
01 FC:1801 770.00 DA  
02 FC:1201 86.00 DA

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/080 468

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	\$325	OR BASIC FEE	\$470
X\$9 =		OR X\$18 =	
X\$13 =		OR X\$6 =	
+145 =		OR +290 =	
TOTAL		OR TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 30	=
Independent	* 3	Minus	*** 3	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9 =	—	OR X\$18 =	—
X\$13 =	—	OR X\$6 =	—
+145 =	—	OR +290 =	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 30	=
Independent	* 4	Minus	*** 3	+

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9 =	—	OR X\$18 =	—
X\$13 =	—	OR X\$6 =	86
+145 =	—	OR +290 =	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	86

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	* 4	Minus	***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9 =	—	OR X\$18 =	—
X\$13 =	—	OR X\$6 =	—
+145 =	—	OR +290 =	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.